

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-476)							SERIAL NO. 591918		FILING DATE 6-9-00			
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT							
	W/O.	O/P.	W/O.	O/P.	W/O.	O/P.					W/O.	O/P.
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TOTAL O/P.							TOTAL O/P.					